

habit of miscarriage, an unscientific term, is only applied to a certain class of cases for which we have no better term. There is, of course, a definite cause in every case of miscarriage, but sometimes this cause is so slight or obscure as to entirely escape notice. There are many delicate, refined women of nervous temperament in whom the mere hearing of something unpleasant or repulsive will excite nausea and vomiting, because their nervous systems are thoroughly hyperesthetic, and in this class of cases the slightest cause is often sufficient to induce a miscarriage; such women are so constituted as to their nervous systems that it takes very little to make the uterus bear down and expel its contents.

It is very difficult for a woman of this kind, even under the most favorable circumstances, to go to full term without encountering some occurrence that will give rise to a miscarriage.

In a threatened miscarriage, note severity of the pains, the amount of hemorrhage, and particularly the degree of dilation of the cervix. You must by these means determine if it is an inevitable miscarriage. As a rule the hemorrhage in a threatened miscarriage is not so profuse as to cause danger to the mother; if so, you will have to resort to the use of the tampon, but there is danger of the tampon increasing the pains. Opium enjoys a well-deserved reputation in these cases and it is our sheet-anchor. Give it for its effects. A woman cannot miscarry without pains. A good routine medical treatment is a suppository of a grain of the extract of opium morning and night, and a drachm of the fluid extract of *viburnum prunifolium* three times daily. In the majority of cases of an inevitable miscarriage the delivery may be left to complete itself by the natural forces, unless the hemorrhage be excessive. If the hemorrhage is excessive, then use the tampon; it stops the hemorrhage, stimulates uterine contractions, and promotes complete separation of the ovum from the uterus. Before using the tampon be sure to empty the bladder and rectum. When the tampon is removed be careful not to rupture the membranes; if the finger cannot be easily passed around the ovum, introduce another tampon. The after treatment is rest as after full term. In cases of miscarriage, when the fetus has been expelled and the miscarriage is incomplete, the whole or a portion of the placenta remaining, it is advisable at once to proceed to clean out the uterus by the use of the curette. Sometimes you can remove an adherent placenta with the finger, but there is the thickened decidua which almost invariably remains behind in early miscarriages. This cannot be gotten with the finger, so there is nothing better than the curette to remove this condition. If you are unable to remove a retained placenta or parts of one with the finger, and circumstances are such that the curette cannot be used, then you will have to resort to the use of the tampon and trust to nature to rid itself of the offending contents. Before the cotton tampon or the gauze tampon is used, it is advisable to introduce a strip of gauze just within the internal os and then pack the cervical canal. This is more liable to bring on uterine contractions and expulsion than simply using the vaginal tampon.

In conclusion I wish to emphasize that a curettement in these cases should be considered a major operation and as great care should be exercised as in making an abdominal section.

#### SPREAD OF LEPROSY.

Dr. W. J. Goodhue, medical superintendent of Molokai Leper Settlement, after several years' work there, states that he has been able to demonstrate the *Bacillus leprae* (Hansen) in the mosquito (*Culex pungens*) and in the bedbug (*Cimex lectularia*).

He says: "We have since been sectioning mosquitoes taken from various leper houses, but until last June (letter dated Feb. 10, 1906), without any apparent success. At that time it appeared that we had isolated bacilli in these series of experiments, but owing to the technic employed, it was impossible to positively confirm this. This method of research was then abandoned. Mosquitoes were caught at random in leper houses, being captured with a net or sterile test tube, and the same subjected to a vapor of ether when the mosquito became unconscious and was easily caught up with sterile forceps and placed under the dissecting microscope. After repeated failures and the constant re-examination of fresh specimens, success has come as far as demonstrating the *bacillus leprae* in the female mosquito (*Culex pungens*). \* \* \* Feb. 20. Since writing you last I have discovered the *bacillus leprae* in the bedbug. I believe that the *Cimex* is more of a factor in the spread of leprosy among the natives, than the gnat, for the following reasons, viz., the bedbug's insidious and noiseless invasion during deep slumber of the victim, and secondly, the beds and bedding used in a leper family whether the leper is deceased or segregated, are reoccupied by clean persons without adequate disinfection and cleaning."

#### FEMORAL HERNIOTOMY.

A. J. Ochsner, Chicago (*Journal A. M. A.*, September 8), claims that all that is required in treatment of femoral hernia with the normal circular opening of the femoral canal is to dissect out carefully the hernial sac quite up into the peritoneal cavity beyond the inner surface of the femoral ring, ligate it high up, cut it off, and permit the stump to withdraw within the peritoneal cavity. Removing all the fat contained in the femoral canal and simply closing the skin wound completes the operation. The method is based on the well known fact that it is practically impossible to keep a circular opening in any part of the body from closing spontaneously unless it be lined with a mucous or serous membrane. In cases where the opening is congenitally not circular or is torn in traumatic hernia, or is cut in strangulated cases, this method is of course not indicated. He has used this method constantly for fourteen years and finds that, barring unusual accidents, recurrences do not happen. He tabulates the cases thus operated on from which he has been able to obtain definite reports, thirty in number, and in none of these was there a recurrence. He reviews the principal features of the more important methods used in femoral hernia, some of them in detail, and concludes that every one of them that does not utilize the principle here emphasized of leaving the femoral canal in the form of a circular opening, is faulty.

#### SANTA CLARA COUNTY.

The meeting of the Society held July 18, 1906, in the Auditorium of the Y. M. C. A. Building, San Jose, was one of the most successful ever known to our Society. The following members were in attendance: Asay, Hervey, Fraser, Wm. Simpson,